

MULTIPLE DEP.^E CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 532968

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9						
10		1				
11						
12		1				
13						
14	1					
15		1				
16						
17		1				
18						
19		1				
20						
21		1				
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36		1				
37						
38		1				
39						
40		1				
41						
42		1				
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	40					
TOTAL CLAIMS	44					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						